

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Mr. Norbert D. Thompson
President
Technical Products, Inc.
2416 Park Central Boulevard
Decatur, Georgia 30035

JUL - 1 1997

Re: K971472

Trade Name: Sil-Tec Sheeting

Regulatory Class: II Product Code: FTL Dated: April 18, 1997 Received: April 23, 1997

Dear Mr. Thompson:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations. This letter will allow you to begin marketing your device as described in our

510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4595. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Ćelia M. Witten, Ph.D., M.D.

Director

Division of General and Restorative Devices Office of Device Evaluation Center for Devices and

Radiological Health

Enclosure

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510(k) Number (if known): K-9	71472	
Device Name: Sil-Tec Sheet	ing	_
Indications For Use:		•
Sil-Tec Medical Grade Silicone Sheeting is implantation (30 days or less). Sil-Tec she scalpel or scissors, by the surgeon or medispectific applications. Patient selection and practitioner user. The surgeon/medical promedical judgment and training as to the user.	eeting is intende ical practitioner d suitability is to actitioner user r	ed for modification with a , for his/her own custom patient- up to the surgeon/medical must rely on his or her own best
The following are some indications where employed. Surgical repairs; anchoring decovering for a prematally ruptured omphalourethral strictures; protective sheathing to healing; surgical repair of fractured orbital ankylosis following surgical correction of in the presence of degenerative bone changount applications); other surgical procedure tectrostimulation.	vice for hemodi ocele during sta help facilitate n I floors; to preve trismus (Warni ges, chronic bru	alysis shunts; temporary ged repair; surgical repair of eural regeneration and tendon ent soft tissue fibrosis or bony ng Note: Not for permanent use exism, or temporomandibular
/ It is the surgeon/medical practitioner users made in part or otherwise incorporating Si acceptability of the products performance	d-Tec medical g	grade sheeting to determine the
	• •	-CONTINUE ON ANOTHER PAGE IF
Concurrence of CDR	H, Office of	Device Evaluation (ODE)
		Color Will
· /	Di	vision Sign-Off) vision of General Restorative Devices O(k) Number
Presumption Use V	OR	Over-The-Counter Use
(Per 21 CFR 801 109)		(Ontional Format 1-2-96)